



State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

Date: January 25, 2006

To: State-Licensed Non-Profit Community Health Centers

From: Howard Backer, M.D., M.P.H., Chief
Immunization Branch

Subject: Request for Applications (RFA) to Improve Community Health Center
Infant/Toddler Immunization Levels

Introduction

The Vaccines for Children (VFC) program, first implemented in 1995, provides federally-purchased vaccines free of charge for all eligible children in the United States. In addition to increasing the number of children eligible for free vaccines, VFC has created substantial savings in vaccine purchase costs for California. The subsequent Governor's Immunization Initiative was enacted by the State Legislature in 1995 and redirected an annual \$3.5 million of these savings to Community Health Centers (CHCs) to expand their services and increase immunization levels of infants and toddlers. In the ensuing years, contracts were awarded on a competitive basis to community health centers throughout the state that responded to the Request for Applications issued by the Department of Health Services (DHS) Immunization Branch. Funding for these currently funded projects ends June 30, 2006.

We are now issuing a new RFA for the project period beginning July 1, 2006 and ending June 30, 2009. The Governor has included \$3.5 million in the budget proposal and, pending legislative approval, these funds may be available in FY 2006/07. Renewal of funding for FY 2007/08 and FY 2008/09, while likely, will depend on continued appropriations by the Governor and the Legislature.

Current projects must reapply for funding if they wish to receive continued funding after June 30, 2006. New applicants are welcomed. Please note, however, funding is limited and funds may not be adequate to provide for all continuing or new applicants.

Purpose

The funds are intended to support Community Health Center efforts to increase the up-to-date immunization status of California children aged 0-4 years, especially those at increased risk of under-immunization.

Eligible Applicants

State-licensed **non-profit** Community Health Centers/Clinics (federal and/or state funded) located in California which provide immunization services to infants and children 0-4 years of age are eligible to apply for these funds, regardless of whether or not they have received funds in the preceding years. In addition, CHCs that do not currently provide childhood immunizations to infants and children aged 0-4 years are also eligible to apply for these funds in order to expand services to this age group. WIC agencies that are currently affiliated with CHCs may apply for funding, but WIC agencies may not apply individually. Because of the limited funds available, not all applicants can expect to receive funds.

Fiscal Management

CHCs are expected to work with their local health department and have their funds written into local health department contracts with DHS. Local health departments will distribute funds to CHCs through subcontracts. CHCs must adhere to local health department contract guidelines including those for Quality Assurance and billing practices.

General Conditions

- Funding requests may be made for amounts from \$10,000 - \$100,000 per year. The amount requested should be appropriate to the size of the population to be served.
- DHS reserves the right to fund all or portions of a proposal and to exclude or set funding limits for specific budget line items.
- Existing projects will be judged competitively and will not automatically be funded. Copies of the progress reports and CASA rates of existing CHCs will be provided to the panel reviewing the applications.

Types of Activities to be Funded

CHCs may use these funds:

- To expand delivery of immunization services by adding front-line clinic staff (nurses, LVNs, MAs, PAs, clerks, and community outreach workers) to immunize increased numbers of infants and toddlers during existing clinic hours.
- To extend hours and/or days of immunization service operation.

- To offer immunizations at new locations, e.g. in conjunction with WIC or CalWORKs Programs.
- To work with CHC/WIC programs to institute assess, refer, follow-up immunization programs.
- To operate immunization tracking (reminder/recall) systems. **If the local health department(s) in the jurisdictions(s) in which the CHC is located has a regional registry, participation in this tracking system is required and must be substituted for the CHC-operated tracking system.**
- To monitor progress in increasing the clinic's immunization coverage rates and progress in adoption of the Standards for Pediatric Immunization Practices by such activities as auditing samples of patients' clinic immunization records, assessing clinic's immunization practices, and conducting CASA audits.
- To provide staff with immunization specific training during each funding cycle.

General Submission Requirements (Required)

All CHCs receiving funding must:

- Adopt the *Standards for Pediatric Immunization Practices* in order to reduce missed opportunities to immunize children. This requires that, at a minimum, CHCs should make immunization services readily available by any or all of the following:
 - Offer immunizations on a walk-in basis.
 - Screen for and provide needed immunizations at all visits (e.g.; not restricting availability of immunizations to well-child visits only).
 - Hold regularly scheduled immunization-only clinic hours.
 - Provide "express-lane" service to infants and toddlers seen for immunizations only in the clinics.

As outlined in the *Standards for Pediatric Immunization Practices*, adoption of the following technical immunization practices is necessary:

- Administer all vaccine doses currently due simultaneously.
- Immunize in the presence of mild acute illnesses and in the convalescent phases of more significant illnesses.
- Immunize well-appearing infants and toddlers without a physical examination.
- Employ an immunization tracking system that actively reminds patients of scheduled immunizations and visits, **and** recalls patients who miss immunization visits. If the local health department(s) in the jurisdictions(s) in which the CHC is located has a regional registry, participation in this tracking system is required and must be substituted for the CHC-operated tracking system.

Exceptions can be made to the first three practices in individual cases where the clinic physician or nurse believes that an immunization is contraindicated. The circumstances must be well documented in the patient's records.

Enclosed are the Standards for Pediatric Immunization Practices for your information.

- Funded CHCs are to maintain some form of an immunization tracking system which notifies families of infants and children of upcoming immunization due dates or of immunization dates which they missed. These notifications could, for example, take the form of mailing out reminder/recall postcards. The Immunization Branch has prepared a written protocol for operating such a simple manual system and it is available to all interested medical providers. If the local health department(s) in the jurisdiction(s) in which the CHC is located has a regional registry, participation in this tracking system is required and must be substituted for the CHC-operated tracking system.
- Funded CHCs must also agree to cooperate with an audit of immunization clinic records conducted by Immunization Branch or local health department staff. Funded CHCs must adhere to the Immunization Branch and local health department Quality Assurance guidelines.

Other Eligible Activities (Not Required) for Funding

WIC-IMMUNIZATION COLLABORATION

The WIC category involves collaboration with one or more local WIC agencies in the project area. For the FY 2006-09 funding cycle, projects in this category must focus on all of the following:

1. Interventions of WIC client immunization assessment and referral, *and*
2. Required use of regional / state immunization registries, *and*
3. One or more DHS Immunization Branch-approved “third component(s).”

Approved third components to this intervention include one or more of the following:

Monthly Voucher Pickup (MVP). The Monthly Voucher Pick-up (MVP) strategy is used to help provide closer follow-up and support for parents who need more assistance in getting their children immunized. Typically, this means children found upon assessment to be currently overdue for one or more immunizations are issued a one-month supply of WIC checks and assistance in obtaining immunizations until they receive the overdue immunizations. At that time, they are returned to a standard schedule of receiving 2- or 3-month supplies of WIC checks. For a sample protocol using the WIC immunization assess/refer/MVP strategy, contact Deborah Starbuck as described on page 6.

Escort of children to a co-located site for immunizations. Children found on assessment to be currently due or overdue for one or more immunizations are escorted to a co-located or

nearby health care provider, clinic, mobile van, etc., for same day immunization. While “express” service is preferred, immunization—at a minimum—should be provided within a reasonable waiting period.

On-site immunizations. Children found on assessment to be currently due or overdue for one or more immunizations are provided needed immunizations on-site at the WIC center. Note: On-site immunization clinics at WIC locations, while not strongly encouraged, may be considered for funding if the projected number of children receiving services is high enough to warrant the activity. Each project proposal that includes an on-site clinic should include a backup plan in case the clinics do not reach enough children to warrant continued funding.

Other innovative strategy. WIC agencies performing immunization assessment and referral plus some component(s) not described above can be considered for funding, contingent upon their application demonstrating to the satisfaction of DHS Immunization Branch that the intervention can truly result in a substantive increase in immunization coverage in the agencies’ clienteles. Example: WIC staff working with parent of behind-schedule child to schedule appointment with provider for the needed immunization(s). Such an option might be considered for funding on an investigational basis, with appropriate evaluation built into the proposal.

WIC-related projects have the following additional requirements:

1. The three-part intervention must be applied at least at each certification / recertification for infants and children up to at least age 24 months.
2. Immunization registries are information systems that contain childhood immunization records. Applicants who receive CHC funding will be required to use their regional or statewide immunization registry. Applicants in the WIC category must demonstrate that the local WIC agency/agencies and the immunization registry are collaborating by obtaining signatures from both the WIC agency administration and the regional immunization registry manager on the CHC application submission. By September 1, 2006 WIC and the immunization registry will have developed a plan for WIC to use the immunization registry, and by October 1, 2006 WIC will begin to implement the plan and use the immunization registry, until fifteen (15) sites or 25,000 infants and children (or all sites, if the WIC agency has fewer than 15 sites/25,000 infants/children) are fully integrated with the registry by June 30, 2007. (Note: Neither ISIS-IZ nor ITS LA is one of the regional immunization registries, nor are they part of the statewide immunization registry).
3. Proposals should be directed at increasing the number of children immunized by 24 months to at least 80% coverage with 4 DTap, 3 Polio, 1 MMR, 3 Hib, and 3 Hepatitis B vaccine doses.
4. Proposals must specify the number of children in the target age group that the project expects to reach, and the number of WIC locations to be served.
5. Health education activities can be included as a component of the project, but should not be its sole focus.

6. A quantitative evaluation component must be incorporated for all WIC-related projects. “CASA” type assessments should be routinely conducted at each site, in accordance with timelines and report forms provided by DHS Immunization Branch. Registry software can help with such assessments. Additionally, the number and demographic characteristics of children assessed, referred, and/or provided onsite immunizations should be closely monitored to determine if the project continues to effectively reach the target audience.¹

Interested applicants can contact Deborah Starbuck in DHS Immunization Branch at Dstarbuc@dhs.ca.gov or 510-620-3759 for more information on WIC, for a sample protocol using the WIC immunization assess/refer/MVP strategy, or for information on agencies using MVP in California (including results of parent interviews and staff focus group discussions at these agencies).

Review Team and Selection Criteria

Current plans call for establishing a review panel consisting of experienced public health professionals to review and rank the applications. The final decision on awards and, in particular, the amounts to be awarded will be made by the Immunization Branch. The criteria the panel will use to judge the applications include the following:

- Clear, appropriate plans for expanded service delivery, adoption of Standards for Immunization Practices, reminder/recall, and WIC clientele immunization activities.
- Realistic budget to accomplish project objectives. Budget should be proportional to population to be served.
- Clear, appropriate and practical plans for CASA (Clinic Assessment Software Application) audits and reviews of implementation of Standards for Immunization Practices. Evaluation of other eligible activities such as WIC immunization activities and data collection for quarterly progress report.
- Perceived likelihood that the project will be successful in achieving its goals.

¹ Some useful references on evaluations of WIC-Immunization interventions include:

Assess / Refer alone - Ashkar SH et al.: *Arch Pediatr Adol Med* 2003; 157: 456-462. Hoekstra EJ: *JAMA* 1999;280:1143-7. Golden R: DrPH Dissertation, UCLA School of Public Health, 1997. Birkhead GS: *JAMA* 1995;274:312-6.

Assess / Refer / Immunization Reminder Notifications - Shefer AM: *J Pub Health Mgt Pract* 2002;8:56-65. Hoekstra E: *J Pediatr* 1999;135:261-3.

Assess / Refer / Monthly Voucher Pickup – Shefer AM: *J Publ Health Mgt Practice* 2002;8:56-65. Hutchins SS: *J Publ Health Pol* 1999;20:408-24. Hoekstra EJ: *JAMA* 1998;280:1143-7. Needham D: Presentation at 31st National Immunization Conference, Atlanta, GA, May 19-22, 1997. Birkhead GS: *JAMA* 1995;274:312-6.

Application Procedures and Deadlines

Letter of Intent to submit an application must be received by the Immunization Branch in Richmond by 5:00, February 14, 2006. EMAIL YOUR LETTER OF INTENT
TO: Loneill@dhs.ca.gov

An outline for the proposal format, budget, and guidelines for completion is enclosed. SIX (6) copies of the completed applications should be mailed to:

California Department of Health Services
Immunization Branch
850 Marina Bay Parkway, Bldg. P
Richmond, CA 94804
Attn: Leona O'Neill
(510/620-3752)

**FAXED APPLICATIONS WILL NOT BE ACCEPTED.
APPLICATIONS MUST BE POSTMARKED BY MARCH 10, 2006. APPLICATIONS
POSTMARKED AFTER THE DEADLINE WILL NOT BE CONSIDERED.**

Announcement of Awards and Timing of Receipt of Funds

Contract awards will be announced by the end of April 2006 or as soon as possible thereafter.

For each successful applicant, the State will develop a contract with the local health department. They will be responsible for dispersing funds to CHCs. State contracting regulations require that contractors be paid in arrears for activities undertaken. Typically, this means that a contractor submitting an invoice at the end of each 3-month quarter receives payment during the following quarter. Those applying for funds should clearly understand this will be the method of reimbursement from the State Department of Health Services.

A list of Immunization Branch Field Representatives, by geographic region, is enclosed. Please contact the representative for your area if you have questions about the RFA.

Enclosures (5)
(RFA Guidelines for Community Health Centers)
(CHC Quarterly Progress Report)
(CHC Exhibit B and C Budget Application pages)
(DHS Immunization Branch Field Representative List)
(Standards for Pediatric Immunization Practices)

cc: Local Health Department Immunization Coordinators
Local Health Department Health Officers
DHS Immunization Branch Field Representatives
California Primary Care Association